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COMMUNICATION ON HYGIENE, FROM THE MEDICAL DEPARTMENT
OF THE NATIONAL INSTITUTE.

[It will be recollected by many of our readers, that this Journal was selected, some years since, as the medium of communicating to the public the various reports made to the Medical Department of the National Institute, at Washington. Many valuable papers were thus given to the profession—comprising a valuable essay on fever, by Dr. Hodgkin, of London; a report of an interesting case, by Professor Miller, of Washington; an essay on the use and abuse of medicine, by Dr. Buck, of Washington; and answers to the Department's Circular, by Dr. Webber, of Charlestown, N. H., Dr. Horner of Virginia, Dr. Day of Liberia, Africa, and Dr. McCormac of Belfast, Ireland. We are glad to see, by the published proceedings of the American Medical Association, that the Institute is not wholly extinct. Two delegates, Drs. James Wynne and John M. Thomas, were appointed by it to the Association, and the following communication was presented by them. As it relates to matters which have been so often alluded to in our pages, we copy it entire. The Circular alluded to may be found at page 328, vol. 31.]

The Medical Department of the National Institute, at a sitting held May, 1845, appointed a committee to inquire into the sanitary condition of the United States, with very extensive powers. The committee from time to time issued circulars to members of the medical profession, and others in different parts of the United States, soliciting information on the various causes supposed to exercise a prejudicial influence on health, and requested aid in the development of this important inquiry. Numerous replies have been received, and much valuable information obtained by the committee; but, notwithstanding its most strenuous endeavors, it has, up to the present moment, failed to collect such a minute, and, at the same time, extended series of observations, as to enable it to make an accurate report based on such authority as it deemed due to so vital an inquiry.

Among others, two prominent causes tended greatly, at the commencement of its labors, to retard its progress:—1st, The general apathy existing even in the minds of medical men on the subject of hygiene; and 2d, The favorable opinions entertained by almost every one addressed by the committee, of the healthiness of his own particular locality. The

committee, and the department which created it, have had the gratification to witness the first of these causes yielding to an exceeding solicitude on the part of the members of the medical profession to discuss and develop this question, so that at the present hour there is scarcely a medical journal, society, or well-educated man, who is not fully aroused to its importance. For much of this newly inspired zeal, they are doubtless indebted to the preliminary efforts of the American Medical Association, which has thus exhibited, in its very inception, the great advantages which are likely to flow from its continuance, and the Department indulges the hope that under its auspices the sanitary condition of the Union may be fully developed, human life prolonged, and the desolations of disease curtailed.

Before, however, any considerable advances can be made, it will be necessary to make medical men aware of the operations of the injurious agencies constantly affecting human life, even in the most favored localities, because until they are prepared to admit the existence of these evils, they will not be in a state of mind to detect and scrutinize them with sufficient accuracy to render their observations of any practical utility. The simultaneous movement in England, which has been attended with developments of the most extraordinary character, has, in some degree, prepared the way for these admissions; but the Department has reason to know that the medical profession in this country, as a general rule, has many preconceived prejudices to overcome, in order to prepare it to enter into the inquiry with that spirit of philosophic research, which can alone make its deductions practically useful.

The Department would not presume to dictate to this highly honorable body, but as the pioneer in this sanitary movement, it is exceedingly desirous of interchanging sentiments with an Association, which is destined hereafter to play so important a part in the development of a question in which they both take so deep an interest—a question second in importance to none other which can occupy the deliberations of either.

The United States may be considered as a country in which no legislative enactments exist, regulating its sanitary condition, for with the exception of some municipal regulations, forced from the necessity of circumstances upon the large cities, and a few of the first steps of legislation in one or two of the States of the Union, each individual is permitted to exercise his own free will in regard to hygienic measures, too frequently either from ignorance of its laws, or cupidity, at the expense of great sacrifices of human life. Society, whilst it possesses advantages, is likewise attended with evils, the most prominent of which is, the generation of causes detrimental to health, and destructive to life; and the more compact society becomes, *ceteris paribus*, the more manifestly these causes develop themselves; hence, densely-populated cities present the greatest complication of these evils, and those most difficult of eradication. The main question, however, which presents itself to the inquirer into the subject of human health, is not what state of society is most favorable to its continuance, but what measures may be resorted to for the purpose of mitigating the evils which its existing state induces.

Many of these causes operating directly on the human body, inducing disease and excessive mortality, are sufficiently obvious. No one will pretend to deny that deficient ventilation, improper drainage, accumulation of filth, and a scanty supply of water, are all in themselves powerful predisposing causes of disease, and that when conjoined, they cannot fail to produce a high rate of mortality. This is the theory; but is the practice in accordance with this theory? The Department would appeal to the experience of every member of this Association in justification of the position that it is not, and that there is not a populous town in this country, placed under such sanitary regulations as to insure the inhabitants against the operation of these causes. Dr. T. Southwood Smith, in his examination before the committee of the House of Commons, declares, that "in every district in which fever returns frequently, and prevails extensively, there is uniformly bad sewerage, a bad supply of water, a bad supply of scavengers, and a consequent accumulation of filth, and I have observed this to be so uniformly and generally the case, that I have been accustomed to express the fact in this way. If you trace down the fever districts on a map, and then compare that map with the map of the commissioners of sewers, you will find that wherever the commissioners of sewers have not been, there fever is prevalent; and, on the contrary, wherever they have been, there fever is comparatively absent." "And again," he adds, "every day's experience convinces me that a very large proportion of these evils is capable of being removed; that if proper attention were paid to sanitary measures, the mortality of these districts would be most materially diminished; perhaps in some places one third; in others, one half."

Dr. E. Rigby, senior physician to the General Lying-in Hospital in the York-road, Lambeth, in answer to the sewer commissioners, states that "Puerperal fever still continued to make its appearance from time to time, and occasionally with great severity. As the physicians were dissatisfied with the existing means of ventilating the wards to such an extent as could be done with safety to the patients, and as it was found that, unless quickly changed, the air becomes speedily loaded with effluvia, it was deemed advisable in April, 1842, to adopt Dr. Reid's plan of ventilation.

"When this new plan came into operation, much opposition was experienced from the female attendants, and great difficulty in preventing them from closing the different valves for admitting fresh, and emitting foul air. In November, 1842, during a moist and unusually warm state of the atmosphere for that season of the year, I found, on visiting the Hospital one evening, that the air of one ward, which had its full number of patients, all of whom had been recently delivered, was exceedingly close and oppressive, and the thermometer at 75° , and it was stated to have been even so high as 78° ; the air had a decidedly sour smell, and was evidently much loaded with effluvia. This improper state of things had been produced by closing the valves, and cutting off the ventilation in defiance of my strict orders to the contrary. I strongly remonstrated, declaring that puerperal fever would appear in twenty-four

hours. In eighteen hours I was called to see a woman with symptoms of the disease in that ward; she died, and several other women in the same ward were also attacked. In July two of my own pupils became house surgeons to the establishment, gentlemen in whom I placed the fullest confidence, and who carried out my orders respecting the ventilation of the wards, in spite of much opposition and personal annoyance. From that moment we have not had a case of puerperal fever; patients have been admitted broken down by poverty and misery, severe and dangerous labors have occurred amongst them, and there has been every possible variety of weather, but up to the present time, since July, there has not occurred the slightest trace of puerperal fever."

The testimony of these two gentlemen, who stand deservedly high in their different branches of the profession, is here adduced, in order to show that two of the most alarming and fatal scourges of humanity, typhus and puerperal fevers, are intimately connected with, and in a great degree dependent upon, accumulations of filth, and impure atmosphere, and that their ravages are immediately under the control of sanitary measures, and may be checked by a faithful compliance with proper legislative enactments.

But these powerful elements of disease do not always present themselves to the consideration of the medical man in forms thus concentrated and fatal. They may occur singly or in subtle forms, requiring great nicety of discrimination, and labored research to detect them, and under these circumstances, it is impossible for the physician who has not fully acquainted himself with the subject, either to discover or apply the means necessary for their removal. The merest tyro in his profession is enabled to decide upon a strongly-marked case of disease, exhibiting decided symptoms, but it requires the master of his art to discover through complications which mark the ailment, the true causes of aberration from health. If this be true in relation to the manifestations of disease in the human body, with how much greater force may it not be applied to the discrimination of those subtle agents, which, like the winged messenger of death, float unseen around us, and only manifest themselves in their effects.

It would be taking an exceedingly narrow view of this subject to confine the operation of these pernicious agents to the production of the two forms of fever already mentioned, or indeed all forms of fever, for there is scarcely a type of disease to which the human body is liable, that may not be directly induced, or at least sustained by them, and perhaps the evil influences exerted by the indirect action of these deleterious causes, are more to be dreaded than those more direct and fatal. When not sufficiently concentrated to produce fever, they may act by deranging the function of one or another of the organs of the body, and thus destroy its power to resist disease from other sources. Disorders of the digestive organs sufficiently numerous in themselves, occasioned by these causes, by enfeebling the body, render it susceptible to alternations of temperature, and thus death occurs from inflammation of the air-tubes, consumption, and kindred causes. It is scarcely possible to

estimate the amount of mortality thus induced by the indirect action of these poisonous agencies.

In view of the immense and growing importance of this subject, the Medical Department of the National Institute would recommend to the American Medical Association—

1st. The establishment of a permanent committee on hygiene.

2d. A recommendation to the various State legislatures to establish throughout the Union uniform systems for the registration of births, deaths, and marriages.

[In connection with the above, it may be mentioned that, agreeably to this recommendation, a Committee on Public Hygiene was appointed by the Association, of which Dr. Wynne, of Baltimore, is Chairman. A circular has been issued by them, from which we make the following extracts.]

It is the purpose of this committee to make a sanitary report, embracing the principal cities in the United States, and with a view of facilitating their inquiries, you will greatly oblige by furnishing the member of the committee who requests the information of you, with answers to the following questions:—

1. What is the population of the town, and its position in relation to the surrounding country; what the geological formation of the country, the nature of its surface and subsoil, and the means of, or impediments to drainage, more especially within the town limits?

2. What is the character of the town in reference to health; what is the condition of its most unhealthy and crowded parts, where disease is supposed to be most prevalent, and to what causes are such diseases mainly attributable?

3. What are the arrangements for drainage? Is there a public survey of levels; are the streets and alleys paved and laid out with a proper inclination for surface drainage, or are they defective in these particulars; is the drainage effected by sewers or surface drainage, and is the mode adopted effective?

4. What is the mode and expense of cleansing the streets; are the courts and alleys occupied by the poor, cleaned, and how often; where is the refuse from the houses deposited, and where is the street manure kept, and how disposed of?

5. What is the condition of the more densely-populated parts of the town in respect to ventilation? Are the streets wide or narrow? Are courts and alleys built up and closed at the end, and what is the character of the houses of the poor? What number of families occupy one house; how many persons live in one room, and what provision for ventilation? How are the houses warmed in winter?

6. What is the system of public schools, and its influence on health? At what ages are children received into them? What is the size of room, the number of occupants, time allotted to instruction, means afforded for exercise in the open air, and length of summer vacation?

7. What hospitals and dispensaries? How are the public buildings

ventilated, as churches, &c., and what provision for public grounds or squares?

8. From what source is the town supplied with water? What are its qualities, and is it abundant?

9. Are the municipal regulations on the above subjects effective or not?

FOREIGN BODIES IN THE RECTUM.

BY T. M. HARRIS, M.D., HARRISVILLE, VA.

THE novel and remarkable character of the following case constitutes my apology for communicating it to the profession.

On the 19th of May, 1846, I was summoned to attend a young Dutchman in this neighborhood, and received the following history of his case:—

He had been suffering from an attack of piles, and having been informed that the disease could be cured by introducing the neck of a well-greased bottle containing some hot spirits of turpentine, he undertook to prove the remedy. But unfortunately, using nothing larger than a half-pint flask, and having, as I suppose, a more than ordinary capacious outlet to the alimentary canal, the flask slipped in, and the sphincter closed upon it.

Here is a dilemma—a man with a half pint flask in his rectum seeks relief; and what is to be done? Notwithstanding the case borders a little upon the ludicrous, it became, to me, a subject of most serious and anxious concern. At length, however, I resolved upon a plan, and accordingly went to a blacksmith and had a pair of forceps made somewhat after the fashion of the obstetrical instrument, with blades about seven inches long, by about three fourths of an inch wide, and handles eight or ten inches long. These being prepared, and the blades well-greased, I introduced a blade at a time so as to enclose the bottle, locked the instrument, and commenced my efforts at extraction. But the blunt end, or bottom of the bottle, presenting, I soon satisfied myself that it would be no easy task to effect its removal. At length, by the force of my efforts, I smashed the flask in fragments. Having no further use for my forceps, I laid them aside and set myself carefully to work, removing it, a piece at a time, with my fingers. This I completely accomplished, after laboring faithfully for about three hours. I then washed the rectum by throwing up large quantities of warm water; ordered a dose of sulph. magnesia, and in three days had the satisfaction of seeing my patient about his employment.

On the 29th of January, 1847, I was called to see the same patient, and informed that a similar mishap had befallen him, the body now introduced being a beet. I made an examination, and could trace with the finger the large end of a beet of such dimensions as to cause the utmost astonishment; and to increase the difficulties of the case, it had been

retained more than 48 hours, the patient having entertained the intention of dying like a hero, without disclosing his condition ; from which determination, however, the intensity of his sufferings forced him to depart.

There was now a good deal of tumefaction and tenderness about the anus ; and very great tenderness of the abdomen generally—vomiting had set in. I again introduced my forceps, but with great difficulty, on account of the tumefaction and soreness of the parts, and soon found that I could not make the necessary extractive efforts without having my forceps slip off: the patient was also exceedingly irritable, and could not endure the necessary force. I now took my forceps to the smith, had the width of the blades reduced one-fourth, and the points turned in so as to form a hook, obtained two or three assistants, and returned to the novel operation.

Having premised a free bleeding and the hot bath, so as to obtain a good degree of relaxation, I administered 35 drops of the tinct. of opium, and having placed my patient on his knees and strapped him down tightly over some chairs, I again introduced my forceps, and quickly succeeded in bringing away a beet nearly seven inches in length, and in its largest diameter about three and a half inches.

It had evidently been selected by my patient on account of its size, in order that it might be impossible for it to be taken in ; and feeling thus secure, he had introduced the small end, and pressed down upon it with his whole weight.

I now administered injections, and laxative doses, and restricted my patient to a low diet for two or three days, when he again resumed his employment.—*Western Journal of Medicine and Surgery.*

ON THE OPERATION OF COUCHING.

M. LUCIEN BOYER has read before the Académie de Médecine a paper on the displacement of the anterior part of the vitreous humor in the operation of couching for cataract. After a few theoretical and practical considerations, the author goes on to state, that although the capsule is not always opaque in cataract, shreds, which can easily be seen, remain in the field of the pupil when the lens has been made to leave its capsule ; but when, during the operation, the needle being made to press from above downwards, the superior margin of the crystalline lens is seen to descend vertically, and a crescent of a pure black to appear above, leaving a cloudless pupil, there is reason to fear that the lens has not left its capsule, and that the anterior parts of the vitreous humor have been carried along with it. This supposition acquires a degree of probability which verges very near on certainty, if the lens re-ascend into its former position as the needle is being raised. Examples of this are not rare in practice. M. Boyer then passes in review the different modifications which have successively been introduced, and thus describes his own mode of operation :—

"The choice of the instrument is not indifferent; I think that the back of the needle should have the sharp edge continued as far as the part by which it is fastened to the handle. I always use a flat needle, modified in this manner, and thrust it rapidly through the sclerotica, two or three lines from the cornea, and towards the centre of the vertical diameter of the eye. I then make an incision in the posterior part of the capsule, along its transverse diameter; and this incision may be made with the posterior inferior edge of the needle which I was just mentioning, if the instrument has penetrated the lens; or with the anterior edge, if the needle has reached the vitreous humor. To make quite sure, each of these movements may be performed alternately. Whilst pressure is effected from behind forwards on the posterior part of the capsule, in order to incise it, the lens may be seen pushed a little forward towards the pupil; but there is no harm in this, as the anterior part of the capsule is still intact. When the incision is made, I rotate the needle, so as to make one flat surface of it look forwards and the other backwards; and using the point of introduction as a centre, I give the needle a movement of circumduction, which brings it over the superior border of the lens down under the anterior aspect of the cataract. When the instrument has reached this point, the anterior part of the capsule may be torn or displaced; or this laceration may be postponed until after the couching of the lens. Whether the one or the other of these modes of proceeding be adopted, there is no difficulty in pressing the lens through the posterior aperture in the capsule; but if the cataract be soft, there would perhaps be some advantage in refraining from opening the anterior part of the capsule before displacing the lens. If the lens should have been displaced before the anterior half of the capsule be torn, the operation should always be terminated by effecting this laceration; and if this cannot be done in acting upon the whole of this anterior capsule, it should be divided into shreds, and the latter disseminated in all directions. When I wish to displace a hard cataract altogether, I press directly from before backwards on the central part of the lens, in bringing the handle of the instrument forwards, taking care neither to raise or lower it, in order to push the lens just towards the centre of the eye. By this means the lens is pressed against the aperture previously made in the posterior part of the capsule, passes through it, and comes in contact with the vitreous humor. When this first stage of displacement is over, I turn the needle, so as to place one flat surface of it upwards, and the other downwards; and during this movement I effect the lowering of the lens, which I then depress, in pushing it flatly towards the inner wall of the eye, upon the inferior rectus muscle, or the space which separates it from the external rectus. It is at this stage of the operation, if it have not been done before, that the anterior part of the capsule should be displaced and torn."—*Lancet*.

A TREATISE ON ETHERIZATION IN CHILD-BIRTH, BY WALTER CHANNING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

ETHERIZATION has been employed in midwifery a little more than a year. It has found a few warm advocates and many uncompromising opponents. It has been objected that it is dangerous to mother and child. In commenting on the objections, Dr. Channing remarks that they are theoretical, and are founded chiefly on the results of its action in the lower orders of animals. M. Flourens, for example, attempts to show the mode in which etherization impresses the nervous centres—its successive action on the several portions of the brain—the increasing danger as it proceeds from the hemispheres to the medulla oblongata. He would show, in fine, that the subjects of etherization would die, according to the physiological laws of the medulla.

Actual experiment, however, has proved, that, if this be law in regard to lower animals, it is not applicable to man. In view of these facts, Dr. Meigs, from whose letters the experiments of M. Flourens are quoted, has hitherto been unwilling to employ etherization, though he admits that he may be liable to the charge of over caution, and professes himself ready to yield to conviction upon sufficient proof of its necessity or propriety.

Another objection is made by Mr. Bransby Cooper, which hardly deserves a passing notice, viz., that pain is beneficial, "fitting the subjects of lesions to reparatory action." If so flimsy a conjecture required refutation, it would be found in the fact that death is sometimes caused solely by the pain of a surgical operation.

There are many others who have refrained entirely from using it, not on account of prejudice or tangible objections, but for want of full and sufficient evidence of its safety. That evidence is here presented. It is derived from the extensive personal experience of the author, enlarged by contributions from all accessible sources. The author's main object was, "to ascertain if the use of ether had been safe to mother and child." The facts and cases are reported with a minuteness of detail, that in a less important matter might be deemed superfluous. Dr. Channing observes that "he would not have it inferred that untoward results have not followed or will not again follow etherization; but that he has not met with an untoward result in any case of midwifery in which etherization has been induced, which, by any violence or ingenuity of interpretation, can be ascribed to this state as its cause; and further, that he has met with no record of any such case."

Instructions are given as to the mode of administration—its effects, &c. In its effects, there is every variety of character and degree. We have seen some patients whose pains have been relieved, while their consciousness and composure were perfect; others excited—sometimes violently; and a very few whom we have found it impossible to etherize. It is to be hoped that we shall ascertain the cause of these and other phenomena, and be enabled to employ it with greater precision. If, as we believe,

the benefits of etherization, extending beyond the temporary relief of pain, are manifest in the rapid convalescence of the patient, it becomes the duty of the practitioner to acquire a degree of familiarity in its use, that will enable him not merely to acquiesce in, but, if necessary, even to urge its employment. Let him do nothing rashly, but let him omit nothing which contributes to comfort or safety.

Apart from its principal object, this work contains many incidental comments on various subjects connected with the theory and practice of midwifery. When treating, for example, of the physiology of the uterus, Dr. C. remarks that its healthy contraction is no more necessarily painful than is that of the rectum or bladder. The pain arises from the resistance to the expulsive power. It is a consequence of the opposition encountered by the fœtus in its progress through the pelvis.

Dr. Meigs has expressed the same opinion in his lectures. "The pain felt in labor is owing to sensibility of the resisting, and not that of the expelling organs." It is also alluded to by Merriman, but we have no where seen it so distinctly and fully stated as it is in the volume before us. We believe this doctrine to be mainly correct. In some unnatural conditions of the uterus, in "false pains," for example, the pain may have its seat in the fundus. In natural labor, also (though our author might be slow to admit it), pain probably has its seat in the os uteri at certain periods of its dilatation, before any pressure has been brought to bear upon it. In the main, however, the pain of labor is just as much the result of pressure and consequent injury by the presenting part of the fœtus, as is the pain of a surgical operation the result of injury by the knife of the surgeon; and we can readily perceive that the mode of relief by etherization is in both cases the same.

We were struck with another observation which is original with the author. He maintains that the dilatation of the os uteri is purely functional; that it is not forced open by the pressure of the head or membranes, or by any other mechanical action; and that the fundus, so far from instigating, if we may so speak, the dilatation of the os uteri, is itself influenced and excited to action by that very function. We may refer to this and other points at some future time.

Boston, October 25, 1848.

P. S. A note,* received from Dr. Channing, explains an anachronism pointed out to him, and is inserted below.

* DEAR DOCTOR—It seemed strange to you that statements so very different should be made on pages 26 and 27 of the volume on "Etherization in Child-birth," just published, in regard to the time when the earliest surgical operations were done during etherization. I sought the best authorities on this subject, and collected my dates from them. I first consulted Dr J. C. Warren's tract, entitled "Etherization, with Surgical Remarks." The two first operations at the Mass. Gen. Hospital are mentioned, the first by Dr. Warren, the second by Dr. Hayward, but without date. The next work consulted was a tract by Dr. J. Mason Warren, entitled "Inhalation of Ether." At page 16, Dr. W. says, "On October 13th, a patient at the Massachusetts General Hospital, having to undergo an operation for removal of a tumor of the neck, was brought into the operating theatre, all the arrangements made for the operation, and Dr. Warren was about to begin, when he arrested his hand, saying, 'I now recollect, that I pro-

VIEWS OF THE THEORY AND PRACTICE OF MEDICINE.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—I send you the enclosed letter, purporting to be what the venerable and learned writer calls a postscript to the one which lately appeared in the Journal. In this, as well as the one just alluded to, the doctor has advanced sentiments in accordance with those of the celebrated Dr. Forbes in his "Young Physic," and which coincide with many of those which you have seen fit to make public. I have thought you would be gratified with its perusal.

Yours, very respectfully,

Boston, October 26th, 1848.

WILLIAM INGALLS.

Dear Sir,—For the off-hand reflections in my late letter,* so long as they were confined to your personal and friendly criticism, I should feel no solicitude—but reviewing them in print, I am apprehensive of a less charitable construction from the impartial reader, and that from the unreserved manner in which I have expressed my want of faith in medical theories and practice founded upon them, especially in the case of fever, I may be suspected of a meaning to depreciate or annul the practice of physic in general. I need not tell you that such was far from being my intention. No one has more at heart the honor and advancement of the profession to which I have devoted a pretty long life, and no one more aware of the proverb—"It is a bad bird that bewrays its own nest"; and could I harbor such a thought, I have too little confidence in my feeble efforts, to change the natural order of things—"erunt medici donec homines"—there will be physicians as long as there are men.

"Rack'd with sciatics, tortured with the stone,
Will any mortal let himself alone?"

mised Dr. Morton to give him an opportunity of trying a mode for preventing pain in surgical operations." "The operation was accordingly postponed to the following Friday, October 16th," when it was done under the influence of sulphuric ether.

The next paragraph begins, "On the following day, a patient requiring the removal of a tumor from the arm, and being rendered insensible by Dr. Morton's application, Dr. Warren requested Dr. Hayward, who was present, to perform the operation," which he did.

My attention being most attracted in Dr. J. M. Warren's statement, to the first day mentioned, the 13th, and not recurring to the whole passage when I referred to it in writing, that day was inserted as the one on which the operation was done. This date was especially impressed on my mind by the attending circumstances. The next paragraph, beginning with, "On the following day," was of course dated by me as the 14th. The quotation from Dr. Hayward's pamphlet was made afterwards, a copy being obtained from him for the express purpose of presenting his views on the subject. It may seem strange to you that I did not collate Dr. H.'s statement with Dr. J. Mason Warren's, but being perfectly satisfied with the first impression derived from Dr. W.'s history, this of course was not thought of, and so the contradiction between the two quotations passed without correction.

This is a long statement of an error which I truly regret; but it is one which historical accuracy requires me to make.

Boston, October 25th, 1848.

Very truly, Yours,

W. CHANNING.

* See Journal for September 27, 1848.

The urgency of pain, or the apprehension of danger, will impel the sufferer to seek relief; and from whence so likely, as from one of that class of men who have made the knowledge and cure of diseases the study and business of their lives—one who has, with these advantages, a reputation for candor, good sense and practical skill, acquired by observation and experience?—whose imperfections (and he will not pretend to be without them) are inherent to the subject, and not without parallel in other laudable pursuits—agriculture, for example, the most ancient of these, and nearest of kin to physic, both having the same object in view, the support and preservation of life. Agriculture, like physic, has its imperfections—neither can pretend to anything like perfection as a *science*—but each highly useful and excellent as an *art*. We know, for instance, as little of the principle of vitality which actuates the vegetable, as the animal—as little of the remote cause of the potato-rot, as of the Asiatic cholera—and if ever a preventive or cure, for the one or the other, be discovered, it will be due more to some lucky chance or experiment, or to the suggestion of some loose analogy, than to any *a priori* reasoning, or theory—and this remedy, when or how discovered, will add another item to the already accumulated knowledge of both farmer and physician, and so far promote the progress of both, in their several fields of action—presuming, always, that both are well provided with the knowledge hitherto acquired. And this I take to be a fair illustration of the nature and course of both these useful arts—founded chiefly on experience, with a mind prepared to profit by it. Men who pretend to knowledge beyond their reach, build upon that assumption a theory, and ground upon that theory a course of practice, which will not bear the test of experience, do more to injure than to promote the *science* they would advocate.

I could read a new fanciful theory of physic without “disgust,” perhaps with the same pleasure that I read any other ingenious production of the teeming brain—a well-written romance, or Taylor’s physical theory of another life—could I consider its effects equally harmless, or profitable. But it is not so—its practical effects, if any, are to sophisticate and mislead the unwary, the young, the ardent and susceptible—who, fond of novelties, are to be whiffled by every wind of doctrine. I venerate the master spirits who gave the tone to medical opinions and practice, during the last century. Their works are a rich repository of facts, with many sound practical remarks; and when we are led to disapprove many of their theoretical notions as erroneous, or even wild, we are disposed to give them credit for learning and ingenuity, and for method in their madness; which is more than we can say for the multifarious systems and doctrines which have been obtruded upon us of later years—conflicting opinions, leading to a strange diversity of practice—from the “pneumatic” doctrine of Beddoes, to the “water cure” of Priessnitz, with a hundred intermediate schemes, ranging between wind and water—the temple of Æsculapius reduced to be a Babel of confusion, till there is reason to fear that physic, like the law, may become “a glorious” uncertainty, and its ministers not *much more* respected.

Heu! prisca fides—times to be regretted! when the physician had confidence in his knowledge, and the patient full faith in his physician—when men lived all the days of their lives, and if they were not favored to die *secundum naturam*, they had at least the consolation of dying *secundum artem*. For after all, in physic as in religion, a creed of some sort—some rule of action—seems indispensable. The repudiated systems of Boerhaave and Cullen, with all their imperfections, were better than no system—they did a good work, served as a *provisional government*, which, not for a hundred days merely, but for a hundred years, gave consistence and respectability to the profession—taught many a dough-head to keep within the limits of a harmless routine, and did much to repress absolute quackery. They scotched the snake, but did not kill it. They were not aware, perhaps, that it was of the *hydra* breed, as we have found it; that if we cut off one head, two or more are sure to sprout in its place, till we hear it hissing at every corner. But to drop the figure—

The predominance of quackery, in this age, forms a curious chapter in the history of the human mind. It is superstition in a new form. Superstition, the cause of so much misery in the world, has heretofore been attached mainly to the *mysteries* of religion; but less welcome there than of yore, it has transferred itself to the *mysteries* of physic, where it finds a cordial reception—for in popular opinion, there is always a *mystery* in disease and its means of cure. In Catholic countries they are more conservative—there saints and relics are still the grand resort; but among Protestants, a preference is given to *quack medicines*, the composition of which again is a *mystery*; but recommended to them by worthy clergymen and names unknown, they are swallowed with avidity, and the *gullibles*, if they survive, may be truly said “to live by faith.” For this infatuation there is no cure but patience—awaiting the day when the people shall know more and think they know less on a subject of which they have neither had or sought the means of knowing anything—in short, when common sense shall be more common. In the mean time liberal-minded men of the profession, in their individual or associated capacity, need to exert themselves to resist the torrent, and, if possible, “hold the eel of science by the tail.”

Seriously, your friend as ever,

Providence, R. I., Oct. 18, 1848.

L. WHEATON.

CONTRIBUTIONS IN PHYSIOLOGY BY DR. PAINE.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 209.]

NOTE to the “*Institutes of Medicine*,” §350.—PROFESSOR LIEBIG’S PHYSIOLOGY.—In my communication of Sept. 25 (vol. 39, p. 209), I stated Professor Liebig’s summary doctrine relative to all organic and animal motions; namely, that—

“The CAUSE of the state of MOTION is to be found in a series of

changes which the food undergoes in the organism, and these are the results of processes of decomposition, to which either the food itself, or the structures produced from it, or parts of organs, are subjected."

That, I remarked, is his combusive doctrine of life; and, with the exception of its palpable contradictions by other doctrines, it is carried out in all parts of his celebrated work on "*Animal Chemistry*." Indeed, the hypothesis is often repeated; thus—

"In the animal body, we recognize as the *ultimate cause of all force only one cause*, the *chemical action* which the *elements* of the food and the *oxygen* of the air mutually exercise on each other. The only known ultimate cause of *vital force*, either in animals or plants, is a *chemical process*." And again—"All *vital activity* arises from the mutual action of the *oxygen* of the atmosphere and the *elements* of the food."

I see, now, that we are presented in a work just published by the author of the foregoing doctrine ("*Researches on the Chemistry of Food, and the Motion of the Juices in the Animal Body*," and re-published under the patronage of English and American Professors), with the following interpretation of the same phenomena. It will be seen that it is nearly the common doctrine relative to the evaporation by leaves in explaining the circulation of sap, as propounded by Dr. Hales, and as set forth in my article referred to above. The Professor infers the principle from experiments made upon *dried* membranes! Having found the membranes pervious to water, oil, &c., he proceeds to say, in a letter to Professor Horsford, re-published in the *American Journal of Science and Arts* (May, 1848, p. 415), and which I quote for the brevity of the conclusion, that—

"The employment of these results upon the processes in the animal body, scarcely requires a more detailed explanation.

"The surface of the body is the membrane from which evaporation goes constantly forward. In consequence of this evaporation, all the fluids of the body, in obedience to atmospheric pressure, experience motion in the direction towards the evaporating surface. This is obviously *the chief cause* of the passage of the nutritious fluids through the walls of the bloodvessels, and the *cause of their distribution through the body*. We know now what important function the skin fulfils through evaporation"!

Now, it is hardly necessary to say, in refutation of the foregoing hypothesis, that it is not only founded upon experiments upon dead matter, and ascribes all the processes of life to the merest physics, but it isolates the functions of the skin from all the other secretory processes, whose effect would be the same as imputed to the skin, if evaporation and atmospheric pressure were "the chief cause of the passage of the nutritious fluids through the walls of the bloodvessels, and the cause of their distribution through the body." The straining off of bile, urine, saliva, &c., and even of the "nutritious fluids," would be exactly the same in effect as perspiration; for it is unimportant whether the products escape into the air or go into the bladder, &c. The pressure of the atmosphere, therefore, would be equally balanced throughout, and amount to nothing.

That the reader may see, at a glance, how far the distinguished chemist is also a physiologist, and for the benefit of his numerous admirers, I will close this notice with an extract from the author's work on *Animal Chemistry*, which, it will be seen, is near a-kin to the foregoing. Thus—

"If we consider the fatal accidents which so frequently occur in wine countries from the drinking of what is called feather-white wine, we can no longer doubt that GASES OF EVERY KIND, whether soluble or insoluble in water, possess the property of permeating animal tissues, as water permeates unsized paper. This poisonous wine is wine still in a state of fermentation, which is increased by the heat of the stomach. The carbonic acid gas which is disengaged permeates through the parietes of the stomach [!], through the diaphragm [!], and through all the intervening membranes [!] into the air-cells of the lungs [!], out of which it displaces the atmospherical air"!!!

Such is only a common example of the physiology of a most able chemist, and it derives its importance alone from the eclat with which his physiological writings have been received wherever science has been cultivated, and, I may say, wherever it has not been. The consequences, therefore, are not merely such as arise from idle words, but they seriously vitiate the whole fabric of theoretical and practical medicine.

Note to §18; 42; 409; 419.—SECRETION.—As a consequence of the doctrine that the secreted fluids exist in the blood, as "constituent parts," it is assumed that they are habitually strained off (as we have seen in the foregoing extracts from Prof. Liebig), and that when an organ fails of its appropriate office, its secreted product may escape from the blood by way of another organ. "Sometimes," says Muller, "the suppression of a secretion in one part of the body gives rise to the appearance of the same fluid in another part." And again, "The sole secretion, of which the constituents do not exist as such in the blood, but which can, nevertheless, be formed at all times and in all parts of the body, is pus; the organ for its production being generated anew in the process of inflammation." (Muller's Physiology, vol. 1, pp. 474, 475, First Edition.)

The latter quotation is omitted in the second edition (p. 520), perhaps from the late reputed discovery of pus-globules in the natural blood; and this eminent physiologist supposes that perfect milk cannot be eliminated by any other organ than its appropriate gland. There occurs, also, the following general qualification—"If, however, the essential ingredient of the secretion does not exist in the blood itself, the suppression of this secretion in the organ destined to form it cannot cause its metastatic appearance in other parts. The instances which have been adduced of such an occurrence are ill supported by proofs." And, again, he says,—"The formation of any one of the peculiar secretions, the essential proximate constituents of which do not exist in the blood itself, pre-supposes the operation of a special chemical apparatus, whether this be a membrane or a gland." "A part of the liquor sanguinis, with the matters dissolved in it, is imbibed by the tissues (by endosmosis), by the agency of which it undergoes a chemical change." And

yet he says—"The chemical process of secretion is *not at all understood*." Müller finally yields to the philosophy which about balances the chemical, in his great work on Physiology, and argues that—"The nature of the secretion depends, therefore, *SOLELY on the peculiar vital properties* of the organic substance which forms the secreting canals, and which may remain the same, however different the conformation of the secreting cavities may be; while it may vary extremely, although the form of the canals or ducts remains unchanged."—(*Ibid.*, Second Edition, pp. 429, 474, 510, 511.)

Now the question arises, whether all these conflicting doctrines upon one and the greatest topic in organic life, put forth by the ablest physiologist of our time, can possibly be true; and if not, which are we to elect, the *mechanical*, the *chemical*, or the *vital*? Each one stands forth conspicuously in the work from which I have quoted. The mechanical and chemical are surrounded by conjectures, contradictions, and admissions of absolute ignorance of their nature and philosophy, while the vital is alone consistent, is isolated from the others, is extensively concerned with the nervous power in animals but excludes it from plants, is expounded with admirable ability and in total opposition to the others. Whence comes this confusion in fundamental principles and laws? Organic Chemistry will supply an answer.

I began this article with a view of offering a single consideration against the mechanical hypothesis of secretion, which has now become so incorporated with the chemical, that the distinction is not readily appreciable but in instances like the present, where it is assumed that the "proximates" are about as numerous in the blood as the secreted products, and generally the same. Owing to the prevalence of this doctrine we have come to be quite familiar with the term *vicarious*, as "effusions of urine from the mammary gland *vicarious* of milk," &c.

Having examined extensively the whole of this subject at former times, it is my object now only to add some conclusions from a fact which appears to me sufficiently corroborative of the doctrines of life, and opposed to all others.

Chemical analyses of the blood inform us that its composition in males and females is the same, and there appears to be no reason to question the accuracy of a statement which is inferable from the identity of the chylopoietic and sanguiferous organs in both sexes. Upon this undoubted truth, therefore, if the "proximates" of milk, as affirmed, exist in the blood of females, they should be equally found in that of males, and the seminal fluid of the latter or its "proximates," at least, should be present in the former. This will scarcely be maintained; nor can the period of gestation be set up in behalf of one, nor the difference of sex to expound the other, since this would be conceding the whole physiological doctrine, and therefore the fallacy of the mechanical hypothesis of secretion. If, also, there be nothing like the seminal fluid in the blood of females, and it requires a testis to generate that substance, by parity of reason, the gland which is peculiar to the female has been ordained for an equally absolute formation of milk, and for nothing else.

We have, therefore, besides the simplicity and designs of Nature in any great organic plan, a special demonstration of the equal dependence of semen and milk upon common physiological laws, both in the nature and final causes of the products, and in the analogy which subsists between the organization of the two glandular organs, while each, respectively, is peculiar to the different sexes.

It must be readily seen, that this reasoning, with its analogy, is of universal application to all the organs and products of the body, and that if nothing like semen or milk exist in the blood, and it require a testis and a mammary gland to generate those products, it is equally true that there is nothing like urea, bile, gastric juice, or millions of other unique formations which go to the uses of the various parts of different species of animals, in the blood, and that a kidney, a stomach, a special organization for every special product, is as indispensable for the formation of each of the products as is the testis for the seminal fluid, or the ovarium for the germ; and the proof is as good against the imputed "vicarious" discharges of urine from the mammæ or from other parts, bile from the skin, &c., as the failure of these discharges from the testis is a proof that this organ is so constituted that it shall elaborate nothing but semen. Indeed, abstractedly from all the vast amount of proof which may be brought to the same conclusion, we might rest in the consistency of nature upon the simple analogy supplied by Muller, that pus has no existence in the blood, "*the organ for its production being generated anew in the process of inflammation.*" What, therefore, shall be said of the manufacture of gastric juice?

It is unnecessary to say that some distinguished chemists deny the existence of any of the "proximates" of urine, bile, or milk, in the blood; nor need it be added that if the product of an organ be absorbed into the circulation, and afterward excreted by the skin or kidneys, it is totally different from what is meant by a "vicarious effusion," and is on common ground with the habitual excretion of other redundancies of the blood. But we have no proof, as I have endeavored to show, that either the bile (except the coloring matter), or more than the watery parts of the urine, are ever absorbed into the circulation.

New York, Oct. 19, 1848.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 1, 1848.

Cholera in England.—This disease is fairly introduced into England, and a fearful sweep of human life may be anticipated. Where the population is dense, the destruction is invariably greater, than in sparsely inhabited districts. Legislation cannot protect a country from its entrance, or lessen its force when the plague begins. The Cholera will soon be in the United States, but its ravages here will probably never equal those of

Europe. Yet the strictest proper precautions should be taken. The number of cases in London to the 11th of October, was 20; in Edinburgh, 25, of which 20 had proved fatal.

Chart of the Teeth.—A compact, well-written digest of the anatomy and physiology of the teeth, the various diseases that impair or destroy them, together with a synopsis of operations and artistical processes of dental surgery, by Dr. Hitchcock, of Boston, was published last week. A large diagram of the teeth of both jaws is introduced, so numbered and technically designated, that persons consulting him can be furnished with a perfect register of their own dental organs, by filling out the vacant spaces on the diagram, and noting with precision the actual condition of each tooth examined. With this kind of personal record of one's own masticatory apparatus, gentlemen and ladies may actually mark the progress of decay, or its non-appearance, from one date to another, with unerring certainty. The treatise is spoken of with commendation by those most conversant with the branch to which it is devoted.

Caution to Physicians and Students in the West.—Such is the title of a pamphlet from the West—as far off as Illinois—touching the alleged slight-of-hand movements of one Dr. Knapp, who has been identified heretofore with the medical institution of Laporte, with the St. Louis University, and more recently heralded as one of the faculty of the newly-projected Rock Island Medical College. Those who read the eight pages will know as much about him as is revealed by an official record respecting his conduct.

Rush Medical College.—Located at Chicago, Illinois, this institution has necessarily received some of the influences which are operating upon that whole region of country. It is thrifty—no less than 140 students having attended the last term—and by-and-by there will probably be 500. Lectures commence the first Monday in November.

Children's Dispensary.—Dr. Lawrence has removed his excellent charitable institution from Washington street to the corner of West and Mason streets—the office hours for giving advice and medicines being from 11 to 1 o'clock, daily. Physicians, and persons generally, knowing of, and sympathizing with, poor children in sickness, will please remember this change of location.

Anæsthetic Midwifery.—To Messrs. Little & Co., druggists, of this city, corner of Hanover and Salem streets, we are indebted for the kind loan of a very recent and valuable pamphlet by the celebrated Prof. J. Y. Simpson, of Edinburgh, being a "Report of the Early History and Progress of Anæsthetic Midwifery." These gentlemen appear to be the only persons who have received a copy in Boston. The minute historical character of the pamphlet, even to names and exact dates, together with the mass of statistical memoranda, not omitting certain antiquarian researches into the aspirations of the old accoucheurs in regard to some method of lessening the

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amount of suffering in childbirth, give peculiar interest to this pamphlet. Indeed the subject is of incalculable importance to the whole civilized world. Dr. Simpson gives Dr. Channing the credit of being the first in America to resort to anæsthetic agents in midwifery.

Epidemic Disease at Natchez.—The newspapers allude to a prevailing sickness at Natchez, as in some respects a singular one. "Physicians and patients, and those who are neither physicians nor patients, have agreed to disagree as to a name for it. Its character may be judged better probably by a single statement of its effect, than a detailed description of what it does and what it does not resemble. At least between 400 and 500 persons, of all ages and colors, have been attacked. Of these, not more than five or six have died, and of these five or six persons, at least one half had debilitated constitutions, and delayed embracing medical remedies. The opinion of the majority of the physicians is, and the *practice* of all the druggists proves, that the sickness has greatly decreased. It yields more readily to medicine than any epidemic disease before known in Natchez."

Remedies for Corns.—Dr. John Travis, of Tennessee, requests us, in a late communication, to call the attention of practitioners to the efficacy of *red wafers* as a remedy for corns. He states that he has found them to effect a cure when applied for a length of time. Another medical friend in Tennessee informs us that he has succeeded in removing these troublesome and painful excrescences from the toes by the application, duly persevered in, of the common adhesive plaster. The remedies are simple, and from the authority on which they come to us we would recommend a trial of them.—*West. Jour. of Med. and Surg.*

Mortality in Paris.—Number of deaths in Paris for the year 1847—32,823. Of these, 12,276 took place in hospitals; and of these latter, 2,485 died of phthisis; so that the total amount of deaths in private houses was 20,547. The fourth arrondissement, or quarter, had the least—viz., 865; the eighth the most—viz., 2,463.—*London Lancet.*

TO CORRESPONDENTS.—A report of two surgical operations by Dr. Trowbridge, Remarks on Cholera by Dr. Comstock, and further observations on Nostrums by Dr. Chandler, have been received.

MARRIED.—Dr. Moses Parker, of North Malden, to Miss E. A. Flint.—Dr. J. C. Rising, of Hartford, Conn., to Miss E. R. Stevens.—James S. Cowdrey, M.D., of Lafayette, Indiana, to Miss F. Waldo.—Loren J. Ames, M.D., of Mt. Morris, N. Y., to Miss M. Waldo.—At Rockaway, N. Y., Columbus Beach, M.D., to Miss S. E. Halsey.—Dennis McGowan, M.D., of Boston, to Miss L. Doherty.

Report of Deaths in Boston—for the week ending Oct. 23, 69.—Males, 45—females, 24.—Still-born, 6. Of consumption, 13—disease of the bowels, 5—dysentery, 5—typhus fever, 1—scarlet fever, 7—lung fever, 2—disease of the brain, 1—inflammation of the brain, 2—dropsy, 2—dropsy on the brain, 4—disease of the heart, 1—infantile, 5—hooping cough, 4—inflammation of the lungs, 1—disease of the kidneys, 1—smallpox, 1—accidental, 2—convulsions, 5—teething, 1—child-bed, 1—disease of the spine, 1—drowned, 1—measles, 1—croup, 1—cholera infantum, 1. Under 5 years, 34—between 5 and 20 years, 5—between 20 and 40 years, 16—between 40 and 60 years, 11—over 60 years, 3.

MEDICAL JOURNAL ADVERTISING SHEET.

PURE POWDERED DRUGS.

WM. B. LITTLE & Co. are agents for the sale of Messrs. Haskell & Merrick's "Select Powders," which may be relied upon as being strictly pure and of the best quality. "It is well known that many of the best drugs, both foreign and indigenous, are more or less mixed with extraneous substances and inferior qualities, which, if not removed, must of course injure the article when powdered. To obviate this, we subject every drug to the most rigid scrutiny; rejecting all that does not accord with the Official Standard. They are then reduced to the utmost degree of fineness, compatible with their physical properties. Great care is also observed in the process of preparing them for powdering, for the purpose of guarding against any injury which might result (which is often the case) to the chemical constituents and medicinal properties of the drugs, by incautions drying, &c. This important department is under the charge of a person of great experience, who has devoted many years to this branch of business, so that the Powders coming from his hands are not only beautiful in appearance, but may be relied upon as not having received injury in the process of powdering.

"In addition to the quality and fineness of our Powders, we would call attention to the style in which they are put up; the convenient form of 1 lb. tint-glass bottles, which secures them from the action of the atmosphere and moisture—a prolific cause of the deterioration of powdered drugs. Each bottle is stamped with the seal of the firm, and labelled in accordance with the U. S. Pharmacopoeia. As there are certain rays of light which have the effect of gradually decomposing the substances which come under their influence, it is necessary, therefore, that the Powders should be kept in the box in which each bottle will be found enclosed."

A complete assortment of the above powders for sale by WM. B. LITTLE & CO., Chemists and Druggists, 104 Hanover street. Apr. 12—tf

SCHAUFFLER & LEUKHARDT—364 Washington Street,

MANUFACTURERS of Stethoscopes of every description, Inhaling Tubes of different patterns, Probangs, and other kinds of Instruments, and handles of wood and ivory, which belong to the Physician's and Dentists' profession. In regard to the finish, style and price, they hope to give full satisfaction to all who give them a call. All repairs done promptly and neatly. Sep. 27—13t.

CHLOROFORM! CAUTION!!

PHYSICIANS and Druggists are respectfully cautioned against purchasing Chloroform purporting to be manufactured by us, unless put up in bottles bearing our label and seal. We are induced to give this caution in consequence of the great quantity of impure chloroform in the market, the use of which is often attended with evil results. All the chloroform we make is chemically tested before being sold, and is warranted to be perfectly pure.

WM. B. LITTLE & CO.,

Chemists and Druggists, 104 Hanover street.

Prof. Simpson's Pamphlet on the use of Chloroform in Midwifery Practice, with an Appendix, containing remarks by Drs. Warren, Channing, Jackson and others, can be obtained as above. This Pamphlet contains more information on the use and properties of Chloroform than any work yet published.

March 22—tf

WM. B. LITTLE & CO.

WILLIAM BROWN,

At his Apothecary store, corner of Washington and Eliot streets, keeps constantly on hand a fresh supply of Medicines, selected expressly for Physicians' and Families' use, including all the English extracts—Conii, Belladonna, Hyoscyami, Taraxaci, &c. Also, all the new Chemical preparations recently introduced. Great care is taken in selecting the choicest of medicines for physicians' prescriptions; not trusting to such articles as rhubarb, ipecac, jalap, aloes, &c., powdered by steam and water power, but having them pulverized fresh from the root, under my own superintendence. The most strict personal attention paid to dispensing physicians' prescriptions. No one permitted to put up prescriptions except those of long experience in the business. Jan. 5—1ty

TO SURGEONS.—ETHEREAL SOLUTION OF GUN COTTON

THE properties of this solution as applied to Surgery, by Mr. S. L. Bigelow, are as follows. It almost instantly forms an unirritating coating or plaster of great strength and durability. In contracting, it brings the edges of the wound very firmly together, and being impervious to air and water, enables them to unite rapidly by first intention. It leaves hardly a perceptible scar. No sutures are required for simple incised wounds of any length. It affords protection for all excoriated surfaces, &c. mh22—tf

For sale by JOSEPH BURNETT, 33 Tremont Row.

MATICO.

A FRESH supply just received and for sale by
May 17—tf

JOSEPH BURNETT,
No. 33 Tremont Row.

J. C. NEILSON, M.D.,

SURGEON DENTIST. Office with Dr. J. F. FLAGG, 31 Winter street, BOSTON.

Apr. 12—eplty

DR. SKINNER'S CLARIFIED COD-LIVER OIL.

THE purest article of Cod-Liver Oil is put up by Dr. Skinner, at his office, 60 1-2 Cornhill, (up stairs), and offered to the profession, to druggists and to the public generally. Price, 37 1-2 cents for small bottles; 75 cents for large do. A printed pamphlet of medical authorities, certificates, directions for using the oil, &c., accompanies each bottle. The profession and druggists supplied at the usual discount.

H. B. SKINNER, M.D.

May 31—tf

Office, 60 1-2 Cornhill (up stairs).

INFIRMARY FOR THE CURE OF HERNIA AND ANALOGOUS DISEASES.

THE undersigned will continue to treat and effect a speedy cure of Hernia or Rupture, Varicocele, &c., by his new method of operation, under almost every variety of form in which they are presented to the care of the surgeon, without the use of trusses or suspensories. Irreducible hernia of long standing made reducible, and a cure accomplished in most cases. Patients from the country are informed that additional private accommodations have been recently secured for their convenience and comfort while under treatment.

Applications must be made at No. 9 Winter Street, or No 2 Exeter Place, Boston.

April 7—eoptf

G. HEATON. M.D.